JUL 1 4 2011

Amendment ☐ Yes

Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CR	RO-3500.		
1. Committee Information			
a. Full Name		c. ID Number	
Scottfor Village Council			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
5 Merion Place		7/8/2011	
		e: Phone Number	
PINEhurstNC 28374		9103157856	
2. Candidate Information	Candidate's Prin		
a. Full Name	c. Candidate ID Numbe	r d. Party Affiliation	
Scottlincicone	XH4781	Rep.	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
SWEVION PLACE	PinehurstC	ouncil Member	
Purchurst NC 28374		in the state of th	
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		
3. Treasurer Information	4. Custodian of Bo	oks Information	
a. Full Name	a. Full Name		
Robert Patrick Barry	Robert	Patrick Barry	
b. Mailing Address (include City, State, and Zip Code)		lude City, State, and Zip Code)	
425 Saudhills Crock	1425 Sa	molhills Circle	
rinehurst NC 28374	Pinehu		
c. Phone Number d. Email Address	c. Phone Number	d. Email Address	
910.992.6029 (planny OyAho. Com			
5. Assistant Treasurer Information Add	6. Account Informa		
a. Full Name Remove	a. Financial Institution	Full Name Remove	
Helen Spofford Bell	First BA	yk	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
Po Box 249	CHampstigh	Azcost	
Southern PINES NC 30300	, , , , , , , , , , , , , , , , , , ,		
c. Phone Number d. Email Address	c. Account Code	d. Type	
910690 1065 HSBELLENC. SS. COM		Checking	
CERTIFICATION		6 1 1 00 1 00 D 0 00 D 00 M of	
I certify that the Committee or Fund is in compliance with	all applicable provisio	ons of Afficie 22A, 22B & 22D-22M of	
Chapter 163 of the NC General Statutes and that no funds a further certify that this report is complete, true and correct.	ne commingied with [Montred of other hon-disclosed fullds.	
ratures certify that this report is complete, true and content	$\supset A$, }	
P. PATRICK BARRY K	anature of Appointed Treas	7/14/11	

CRO-2100A

William



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:	14 6 41	
Candidate Name:	William Scott LINCICOME	
Treasurer Name:	Robert Patrick Barry	
Treasurer Address:	Potest Patrick Borry 405 Smithilk Corde	
(include city, state, & zip)	Pinehust NC 28374	
Treasurer Phone:	910 900 1000	
Treasurer Phone:	110.100001	

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

FILED BY:

Committee Name: Treasurer Name:

Treasurer Address: (include city, state, & zip)

Treasurer Phone:

JUL 1 4 2011

II . Affin m at

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order

		sclosure reports. If an account no spresumed to have been waived.	imber is used as the la	ccount
The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.				
Type of account	Financial Institution	Address PoBox 5	Account Number	Account Code
Checking	first Bank	10 Chi Ngugin Pel Pinelurst NC 28370		
		PINELUIST NC 28370		
By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.				
7/10/2011		_(MW)		
Data Signed	account information Lo		re of Candidate or Treasurer	ev
In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filling fee. (Only candidates may choose this option)				
Date Signed			re of Candidate or Treasurer	
 n\(die 2i\) filed 		S S S S S S S S S S S S S S S S S S S	10 or cultotatio or readulor	
CRO-3500	Certification	of Financial Account Information	Augus	t 2008



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Candidate Designation of Committee Funds				
This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).				
Candidate Name:	William Scott Lincicone			
Committee Name:	Scott for Village Council			
Treasurer Name:	Rebort Patrick Brang			
If Candidate is own to	reasurer, designate an agent to carry out designations:			
Committee ID #:				
Level Registered:	[State] [County] If county, specify: College Council			
(Name of Candidate) funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a). Name of Entity Plan for Disbursement (eg. Amount or %)				
	§163-278.16B(a))			
2				
3				
	I certify that the foregoing entities are eligible beneficiaries under N.C. 16B(a). A copy of this form should be maintained with the Committee			
Signature of Candida	te: Ulli			
Date:	7/10/2011			
Note: This Designation	n is to be filed with the Election Board where the committee's campaign reports are filed.			
CRO-3900	Candidate Designation of Committee Funds June 2007			